STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964959	**10/04/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE PENSACOLA**	STREET ADDRESS, CITY, STATE, ZIP CODE **8700 UNIVERSITY PARKWAY** **PENSACOLA, FL 32514**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced abbreviated biennial survey with limited nursing services was conducted at Brookdale Assisted Living Facility (license #9354) from 10/3/17 to 10/4/17. A complaint survey for allegations contained within CCR#2017011098 and CCR#2017010567 was conducted in conjunction. No deficient practice was identified at the time of the survey.